

TRAVEL EXPENSE CLAIM

STD 262A (REV. 5/09)

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CLAIMANT'S NAME Joan E. Denton, Ph.D.				SSN OR EMPLOYEE NUMBER				DEPARTMENT OEHHA			
POSITION Director			CB/ID NUMBER N/R	DIVISION OR BUREAU Executive Office				INDEX NUMBER 1000			
RESIDENCE ADDRESS (See Work Address)				HEADQUARTERS ADDRESS 1001 I Street				TELEPHONE NUMBER (916) 322-6325			
CITY Sacramento		STATE CA	ZIP CODE 95814	CITY Sacramento		STATE CA	ZIP CODE 95814				

(1) MONTH/YEAR May 09		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T./L.T. NC. RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMT
26-May	8:00	Oakland, CA						SC	14.00		0.00		14.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.00	0.0	0.00	0.00	14.00
CLAIM TOTAL											\$	14.00		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 5/26/09: Attend staff meetings at OEHHA Oakland office.

(12) NORMAL WORK HOURS 0800 - 1700 (13) PRIVATE VEHICLE LICENSE NO. (14) MILEAGE RATE CLAIMED	AGENCY ACCOUNTING OFFICE USE ONLY
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE ➡	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ➡	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) ➡			DATE